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ABSTRACT

A Working Group, convened by the World Health Organization (WHO), proposed a clearer definition of the essential role of health information and suggested the most appropriate means of communication between governments and the mass media, between the media and health services, and between patients and doctors. The Group urged all WHO Member States to enlist the active cooperation of national mass media. This should be carried out not only by health administrators, but also in collaboration with policy makers in all relevant economic and social fields. It is recommended that journalists be associated with health objectives. The group also recommended that WHO and national governments recognize and foster the possible role of associations of specialized medical and science journalists. These specialists should be provided with the greatest possible access to health and health-related information. The news media should be given full background data on technological developments and the ethical questions they raise. The enlistment of pressure groups in health promotion is suggested. It is recommended that the subject of health economics be given greater attention in the preparation of health professionals. (JD)

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INFORMATION AND HEALTH

REPORT ON A WORKING GROUP

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LUXEMBOURG
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Note

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1. Introduction

A Working Group on Information and Health was convened in Luxembourg by the WHO Regional Office for Europe, in collaboration with the Government of Luxembourg, from 4 to 7 November 1980.

Participants were welcomed by Dr Leo A. Kaprio, WHO Regional Director for Europe, and by Dr Emile Duhr, Director of Health of the Grand Duchy of Luxembourg.

Mr B. Mathsson was elected Chairman and Dr G. Gonda Vice-Chairman. Mr A. Curnow acted as Rapporteur. A list of participants is annexed.

If "Health for all by the year 2000" implies a substantial change in basic health policy and in approaches to health care, this can only be achieved with the full knowledge and consent of all concerned. The public must, therefore, be given the necessary explanations regarding forthcoming changes, not only by their governments but also by the opinion-forming mass media. Some of these changes may be sweeping. They may involve, for instance, a complete restructuring of social security systems. There are also possibilities that health services in the next two decades will concentrate heavily on critical age groups, e.g., young people between the ages of 15 and 24 years and elderly persons aged 70 years and over. There are indications that the problems to be faced in the near future will be less medical and more social and environmental in nature, with a strong emphasis on personal behaviour and lifestyles.

In these circumstances, the raison d'être of public information at both national and international levels will have to be reconsidered and its methods readapted, taking into account new information techniques, such as television and communications satellites.

The Working Group had two aims: (1) to review information approaches in the light of new developments such as the emergence of pressure groups, the impact of increasing costs on health structures, and the right of the patient not only to receive full information about his health status but also to have some say in decisions affecting his health; and (2) to focus attention on new techniques which could make public information work in the health field more efficient.

These two aspects of information and health were studied both from the standpoint of national information officers (providers of information) and from that of the mass media and the public (the consumers). The Working Group consisted of public health administrators at the policy level, national information officers, information experts of international organizations, representatives of nongovernmental organizations active in the public health information sector, and journalists writing on international topics of a technical nature.

After discussing various themes in detail, the Working Group formulated specific recommendations for the governments of Member States of the European Region and for WHO regarding the redeployment of their information efforts.

In his opening address, Dr Kaprio reminded the Working Group that in the 1950s medical services had aroused tremendous expectations. The situation had changed greatly with the realization of the risks inherent in some medical technologies; people were now more critical of poor medical service, and there was evidence of a general dissatisfaction with hospital-based medicine.

Attitudes towards environmental questions had also changed radically. During the economic boom of the 1950s and 1960s there had not been much popular concern about pollution problems. It was only in the 1970s, and particularly after the United Nations Conference on the Human Environment (Stockholm, 1972) that the public conscience was awakened to environmental dangers and their implications, including those in the field of health.

Dr Kaprio drew attention to two areas of challenge for health information systems. Firstly, information services had to cope with their daily tasks in responding to criticisms, inquiries, etc., in a changed atmosphere, and secondly, there were longer-range considerations, including the promotion of self-education and a rational approach to health risks. The Working Group thus provided an excellent opportunity for information experts and journalists to consider together the key questions they would have to face in the coming years.

Dr Duhr said that the implementation of WHO's strategy of health for all by the year 2000 required a reorientation of health programmes in the European Region; that could not be achieved if public opinion did not understand the need for change or approve the manner in which it took

place. Given the possibility that health care in the future might not be exclusively the responsibility of governments, it was necessary to ensure that under-privileged and high-risk groups were covered by the range of available facilities.

The Working Group's task was to propose a clearer definition of the essential role of health information and to suggest the most appropriate means of communication to be employed in relations between governments and the mass media, between the media and health services, and between patients and doctors.

Health information and health education were intimately related and could not be separated, even though there were essential differences. The aim should be to create a state of health-mindedness through the application in daily life of rules which would protect or restore health. Health and medical information should be addressed both to the individual and to the public at large.

2. "Health for all by the year 2000" in the European context

In the European regional strategy for attaining health for all by the year 2000, WHO is undertaking an action which cannot succeed in a vacuum. The regional strategy is designed to contribute to the improvement of the politico-economic environment. The criticism that the strategy imposes unrealistic goals may be met with the argument that it is necessary to be bold and set ambitious targets, otherwise there would be no chance of improvement. If there is forward movement in the health field there will certainly be developments in other areas. However, it is necessary to be realistic: there are many constraints to the development of rational policies at the local level.

The regional strategy requires a fundamental reorientation of the health effort; primary health care is the key instrument for putting it into effect. As far as the physical and social environments are concerned, there is an awareness of problems, but they have not been sufficiently analysed. For example, there is still uncertainty about the relative importance of risks that people themselves take, just as there is about the apportionment of responsibility for risks imposed upon them.

Problems regarding the availability and accessibility of health services exist in all parts of Europe, and it is necessary to examine the different ways in which people themselves view primary health care. Meanwhile, it is clear that the consumers of health services, both individually and collectively, have to learn to assume more responsibility for their health, as the "repair-shop" concept of expanding health services can no longer be sustained.

If the key problems are attacked now it may be possible to find rational solutions to them. It is possible, for instance, to speak nowadays with exactitude of a kind of contract with society to limit accidents to tolerable levels. In the field of prevention, the outcome of a declining level of vaccinations can be demonstrated. It can also be shown how safety levels are affected by various forms of migration, including tourism. Stricter attention to preventable health risks is required. Social and health activities need to be integrated more closely with the education of personnel involved in the care of sick people and, in particular, of chronically ill patients requiring lengthy periods of treatment.

International organizations can play only a complementary role in health education, but they are in a relatively privileged position, in that they can ignore lobby and industrial pressures more easily than national governments. However, the main task necessarily falls to the national authorities. WHO is in a position to help those responsible for national health education by providing guidelines and more information.

The availability of resources determines the extent of the health services offered. In present-day health care systems many internal economies can be made. No-one has studied the overall performance of hospitals and the present hospital "establishment" does not provide a favourable climate for the honest discussion of economy and financial discipline.

Through its regional and global strategies, WHO is now moving more firmly into the political arena. It is no longer possible for the Organization to operate solely through health ministries: it must be ready to become involved in such questions as toxicity, alcoholism and the protection of the environment, for which the responsibility lies in other governmental sectors. It is a question of dealing not only with health services but also with health conditions. There is a need for intersectoral cooperation, but national administrations are insufficiently geared to intersectoral approaches.

It is important that the strategy should be acceptable in the national political arena but, however commendable or necessary it may be, economico-political restraints remain decisive. Many aspects of the strategy are to be found in the work programmes of ministries and their implementation does not require a specific identification with WHO.

The only basis for satisfactory contact with the media is to help journalists in the ways in which they want to be helped and to provide them with free access to information. It is also important that the information they receive should be as complete as possible.

Experience in France has shown that medical journalists are most willing to help the Government in planning, but in this respect and also in news-gathering, it is difficult to arrange satisfactory cooperation with the authorities. The National Association of Medical Journalists (ANJIM) has a permanent training scheme for its members and serves as a clearing-house for information, i.e., making arrangements for scientists who have information to impart to find outlets for it. It also has a scheme by which qualified scientists can be found at any hour to give expert advice on stories received by the medical press. The Association adheres to the general code of ethics for French journalists and has developed a specific code for medical journalists.

Journalists do not rely only on ministries; they receive information from industry, lobbies and unions. They have to make their own judgements, synthesize the information they receive and present it in a manner which is neither too scientific nor too professional. The journalist is also the first link between the public and administrators in the feedback process.

There is some risk in insisting too much on journalistic qualifications and codes of practice. In communicating with the broad public it is important that a journalist should understand what he is writing about, and that requires a close association between the suppliers of information - ministries, for example - and the journalist concerned. Such an association is required with women's page editors to make sure, inter alia, that their replies to letters are based on sound guidance. It would be useful to have medical issues discussed in training courses for journalists.

It is undesirable to try to lay down criteria for the training and qualifications of journalists, but it is both possible and desirable to encourage the formation of national associations of medical journalists in more countries of the European Region.

The quality of reporting on health questions might be improved through the organization of seminars, the establishment of guidelines and the compilation of terminological reference material for journalists to use in medical reporting. One major problem is to persuade journalists of the local rather than the national press to pay more attention to social and health problems in their own areas and to create pressures for improvement; another is to satisfy more adequately the needs of the health profession for better feedback.

3. Health information challenges

There are a number of basic questions to be answered by the public health administrator with regard to information. What contacts does he need outside the traditional confines of public health, e.g., in the fields of adult education, the environment, transport, human settlements, etc.? What background knowledge does he require beyond the traditional medical background? Can the multidisciplinary approach be achieved? Was the present institutional framework adequate? How can the necessary process of consultation be integrated in the institutional framework?

In some countries the existing institutional mechanisms are not well suited to a multidisciplinary approach. Interdepartmental committees have been tried, but not always with success. The structures are often too rigid and questions of personality tend to reduce the effectiveness of such mechanisms. The rigidity of systems has to be accepted to a certain degree, although the interchange of staff helps to give them a wider basis of experience and appreciation of various aspects of problems.

Cooperation among international organizations is indispensable, and there is still room for improvement in that direction. The task is not so difficult for individual experts to achieve, but problems arise in coordination among secretariats, largely for geographical reasons. The United Nations Economic Commission for Europe, which has taken the initiative to bring together all organizations concerned with water pollution, provides a positive example. Other cases of successful coordination concern traffic accidents and the problems of the elderly.

The public information officer's role as an agent of cross-fertilization within the institution he serves is a useful one. It should not, however, extend to the field of policy formation, which is more properly the function of the programme and planning staff.

Information and education are not classic functions of public health administrators, and specialists are needed for these tasks. In some countries, in any case, neither the political will nor the financial resources exist to extend the functions of public health administrators in this direction.

It is essential to have information on which department or agency is responsible for what subject; such information is currently being compiled at the WHO Regional Office. Although the system is far from operational yet, the fact that comprehensive information on a given subject is available on computer could be of use to governments.

The strategy of health for all by the year 2000 provides a set of goals which should be the subject of concerted action. The various organizations concerned, operating independently, should bring their efforts together. The key to a structure for the strategy might be the establishment of a network of organizations, all engaged in generally supportive action which conforms to a broadly agreed set of objectives.

Administrators should not try to impose on the media the subjects they wish to promote. The media alone decides what is interesting and determines both the message and the manner in which it is to be delivered. Furthermore, it is important to relate information to news.

The difficulties of journalists in coping with the contemporary flood of documentation make some predigestion and preselection of information necessary. Information should be channelled to journalists who are known to have an interest in the subject matter in question.

Journalists do not yet participate in public information policy making, but they are interested in rendering a public service; in the case of public health, they could be of assistance in drawing up an information strategy.

4. An information officer's perspective

The fact that health is seldom valued until it is lost is recognized as a major barrier to effective health education and information efforts. However, the emergence of a more positive public attitude towards quality of life has opened up the way for creative new approaches. A research-based approach, identifying motivating factors, exemplifies the "new wave" of positive health education and information. However, the concept of health for all by the year 2000 has not yet been subjected to such an analysis. The slogan has been received critically by some health professionals, and their scepticism has been reflected in some instances by the news media, usually the medical press. Interpretations of primary health care have included the assumption that it means nothing more than "barefoot doctors" for developing countries.

The Working Group felt it was essential for WHO, in concert with national health communication groups, to establish a regional strategy for the promotion of the concept of health for all and primary health care, including an explanation of the key issues which should be emphasized. This need will become even greater as governments pursue efforts to develop their own strategies for achieving the Organization's objective.

Information personnel fall easily into the comfortable trap of simply "informing" a passive and unresponsive public. Even persuasive health promotion campaigns are frequently conceived in isolation. The need for a true process of communication was fully recognized by the International Conference on Primary Health Care (Alma-Ata, 1978). The Declaration adopted by the Conference placed great emphasis on the need to foster individual responsibility and community participation. This challenges the health communicator to make a searching appraisal of existing communication methods. Are health promotion campaigns subjected to pretesting and evaluation? Does policy formulation have a "communication" component in it? Is there a commitment to enter into a dialogue with readers or audiences and a mechanism for so doing?

The development of the media of communication in highly industrialized societies offers fruitful avenues for a two-way flow of information. Community radio and television stations are among the most obvious examples. Such a dialogue must also be opened with members of the news media. News media policies and practices need to be reappraised with a view to encouraging a process of communication rather than a one-way flow of information. A proliferation of press

releases is no substitute for a deliberate policy of enlisting the media in the struggle for health and actively fostering the role of media personnel as agents of change in society.

Without encroaching upon the freedom of the press, health communicators are called upon to enlist members of the media as allies in the health promotion process. Opening such a dialogue is a long-term affair which may involve institution-building and strengthening of training. The tendency to retreat behind the barricades of the press release and the anonymous spokesman runs counter to the public's demand in the 1980s for greater accountability and greater openness by government; furthermore, it fails to recognize that there is a readiness on the part of the media to support the alternative development approaches exmplified by the "Health for all" drive.

A deliberate policy of outreach and dialogue with the public (and the media) implies much greater efforts to communicate with special-interest groups, mass-membership organizations and nongovernmental bodies. Governments spend much time responding to the needs of - or maintaining defensive postures against - special-interest groups, which have proliferated rapidly in the 1970s. The value of such groups as "reverberators" of a message, whether by creating greater awareness of government policies or delivering a health promotion signal, has not always been realized. Trade unions, women's groups, consumers' associations and other mass-membership organizations are often under-utilized resources in public information and education campaigns.

Health for all is a universal social goal as well as a fundamental human right. An enormous investment of political courage and financial and human resources will be necessary to correct a situation in which perhaps four fifths of the world's population have grossly inadequate access - or no access at all - to any regular form of health care. Public understanding and consent will be vital. There is a close relationship between a greater concern for the welfare of the world's poorest inhabitants and a more caring attitude towards our own health and that of our closest neighbours. Concerted efforts need to be made to ensure that health and other social issues are adequately treated within development education programmes.

The recognition that much of the burden of ill health in industrialized countries can only be lifted by direct action on the part of the individual, increasing concern for the quality of life, and universal dismay at the rise in health care (or sickness care) costs, places an enormous responsibility on communication professionals. The public generally are accepting health for all as a target. Cynicism has come more from the medical press and specialist journalists who voice doubts about the feasibility of the goal. It is necessary to speak consistently at both the international and the national level so as not to confuse people, and to make the message of health for all well understood.

The media should have an active role and not be seen as bystanders or as critics of a social process of health improvement. They should be enlisted as allies in the development of strategies and be involved in policy making. In this way, the media will be sensitized to the issues. However, the advantage of associating journalists with policy formulation is to obtain the public view; to expect more would be asking too much.

WHO has concentrated too much in the past on the mass media as a channel of communication. Other channels - nongovernmental organizations, community groups, women's movements - are now being developed. Such organizations are at the same time targets of information, channels of communication, and agents of feedback.

Primary health care in Europe has helped to build a concept of health for all which is important to both industrialized and developing societies. Links could be created between ministries of health and ministries of economic cooperation in development education work. It is important to relate the problems of industrialized societies to those of the developing countries.

There are five possible ways of associating journalists with official institutions:

(a) ensuring their participation in information seminars;

(b) encouraging the creation of international associations of journalists in specific fields; international organizations should be prepared to assist in this process;

(c) involving them to some extent in the work of policy-making groups;

(d) enlisting their help in the presentation of information issued by international institutions;

(e) providing them with access to technical equipment necessary for them to carry out their work.

A well structured professional organization of journalists could represent its members in the policy-making process. No hard and fast distinction should be made between specialist medical journalists and journalists who write on medical subjects for the popular press.

Journalists should be much more directly involved in the formulation of strategies for achieving health for all by the year 2000, although the degree and manner of their involvement will obviously vary from one country to another. To this end, professional associations should be encouraged to establish contacts with similar bodies in other countries.

The predigestion and preselection of information to be channelled to specialist journalists is important. Forms for the dissemination of information through channels other than those of the media will have to be examined more closely.

5. Patients, community, physicians and the media

The concept of health, the practice of health care and provider-consumer relationships have all undergone profound changes. Advancing technology has continuously altered medicine as a science, and economic and social development has altered the practice of medicine. Health is the right of every individual; the safeguarding of health has also become his duty, not only towards himself but towards the whole community. Health and social security schemes of various kinds, run by the State, by professional organizations and syndicates and by private enterprise, have become operational in all Member States, while critical consumer and community attitudes, as well as political, economic, ethical and legal interventions, involving the news media to a considerable degree, have affected the entire field of health care. National health policy goals need to be matched with the appropriate means; planning and evaluation in overall and sectoral health policy development have therefore become elements of prime importance.

Every individual in the community, and especially health service providers and the media, must work towards the goal of health for all by the year 2000 so that people in all countries will enjoy a level of health enabling them to exploit their economic potential and to make full use of their latent talents and abilities. The present trend in most industrialized countries seems to be towards an increasingly specialized and "technological" form of care. The proper utilization of medical technologies can enlarge knowledge of health and disease, but it may also erode the physician's confidence in his ability to make independent judgements.

For the initiation, maintenance and development of a constructive relationship between the consumer, the health services and the media, the information needs of every group should be safeguarded. Health news tends in many instances to be distorted, misinterpreted and possibly misused. Consequently, well balanced and technically monitored information is vital when treating issues that are frequently subjects of public debate.

At this point a number of conclusions may be drawn:

(1) National health policies and health care delivery systems have a direct impact on provider-consumer relationships and can be positively and negatively influenced by the news media.

(2) Health technologies at various levels of care, particularly the primary level, should be properly advertised, evaluated and utilized. The media can be extremely helpful in channelling the appropriate information.

(3) All medical information intended for the general public should be adequately formulated and monitored. Close collaboration between health authorities, professional bodies, industry and the media is essential if these requirements are to be fulfilled.

(4) Professional codes of practice, guidelines in biomedical ethics and charters for patients' rights are all aimed at improving patient-community-physician-institution relationships. The media can support these efforts in a constructive manner.

(5) Accountability and liability of physicians and institutions should not be used as an instrument of litigation but as a means to improve the quality of health care.

(6) The task of the media is to report news and not to take a supportive role; however, it is the business of the appropriate authorities to provide the means for the media to do their work more efficiently.

All journalism tends to be subjective, but the tendency towards distortion is somewhat more noticeable in television than in the press. In these circumstances, emphasis must be placed on the duty of public information officers in the field of health promotion to influence the media in a tactful and sensible way.

There seems to be a lack of understanding by some television producers of their specific responsibility in dealing with public health questions. There is a tendency to decide on the message to be delivered at the planning stage of a documentary and then to look for the evidence to prove the case. However, it may be agreed that journalists are entitled to adopt a cynical position in the face of the flood of official information they receive. Information must be trustworthy, and the flow should be limited.

Is health such a special subject that it requires particular safeguards? In the view of some, health does have a special quality because it affects people's lives fundamentally and because irresponsible treatment of health subjects by the media could cost lives. However, distortion of the facts in other subject areas could also lead to loss of life. Journalists should be particularly careful to avoid being manipulated by vested interests, including the medical profession.

6. Health information and health education

Establishing healthy patterns of life in the developed societies requires the steady exertion of influence, i.e. through education. Whereas information may be occasional and static, health education is continuous, systematic and dynamic. Information is a one-step process, whereas health education is a multi-step activity, gradually and successively developed, of which information is an important part.

In health education it is not enough to inform people or to furnish knowledge; one has to check that those at whom the information is directed accept and comply with it. As behaviour depends on motivation, health education must be a carefully planned, scientific and systematic activity. While information is always a one-way activity, health education is a two-way process, involving both the educator and the educated.

The test of success in health education is the effectiveness of the information transmitted. Did it reach those who were the target? Did the message contain the information which interested the target group and which they really needed? Indirect education is often more effective. The mass communication media have gained ground as a means of transmitting the message, but there are risks in arousing attention without achieving lasting behavioural changes. To do that, interpersonal communication is required.

Three factors contribute to health behaviour: the readiness to act, the comparison between the benefits to be gained and the barriers which prevent action, and the communication media as a triggering mechanism. The active cooperation of the subject is essential.

The mass media will play a great part in determining health behaviour in the 1980s. The media are proliferating and becoming more personalized in terms of consumer needs. The increasingly wide range of technological means at their disposal, including sophisticated computer techniques, will enable people to receive finely targeted messages. The health communicator should therefore be able to arrange his media mix to match the interests and receptiveness of the various audiences.

The time-scale for the adoption of such new techniques by the public may be longer than expected. The key to the situation is motivation. How does one motivate people who feel quite healthy to stop doing certain things, to do others, and to change their lifestyles? In Sweden successful efforts have been made at the local level to persuade people to display interest in their health long before they become sick. At the same time, there are risks in giving too much information and in making everyone a potentially sick person.

Coordination between health education and health information is not always as close as it should be; unless the two are closely linked it will be impossible to change lifestyles and reduce the risk of exposure to hazards. However, the mass media constitute only one means of education and they have their limitations. It is also rather unfair to use the communications media to tell

people that their health is their own responsibility now that the State has increasing difficulties in footing the bill. People should not be told that they are guilty of mismanaging their health when the fault lies elsewhere.

The Commission of the European Communities has recently held a symposium on the introduction of health training into curricula for physicians. The attitude of doctors is very important. For centuries training has emphasized cure rather than prevention and doctors have tended to regard the population as patients, but now doctors are under pressure and the burden of health education must fall on the health workers. Furthermore, health educators should concentrate on the target group in each subject area.

One problem to be overcome is that the knowledge basis is insufficient; it is necessary to know much more about healthy lifestyles before giving information to the public. Even so, a great deal of information is already available. The advertising business, for example, knows much about lifestyles, but over the past 30 years most of its efforts have been directed towards creating undesirable patterns of living associated with drinking, smoking and eating. It is important to know in health education where the critical point lies beyond which no effect is created. The resources available to negate the health message are so vast that the limited health information funds available may simply be wasted. In the field of television, health advertising could prove ineffectual if supportive methods are not also employed.

Positive health information advice, given in the form of such publications as the booklet on nutritional goals officially published in the United States and the quadrennial report by the Society of Nutrition in the Federal Republic of Germany, should be used in information campaigns. Moreover, legislative action should complement health education. It should, for example, be possible to forbid smoking in public as spitting was once forbidden.

The WHO Global Advisory Committee on Medical Research, which met recently in Geneva, was concerned in particular with health service research and behaviour research. It concluded that the burden of ill health can only be relieved by a change in lifestyles and that not much research has been done in this area. WHO should be receptive to research projects in this field, including those developed nationally.

7. Pressure groups: dangers and opportunities

Pressure groups exist primarily to bring about change and stimulate action for their own purposes; they are not necessarily democratic or responsible. The more noise they make about injustice and deprivation, the more the press, radio and television must direct their own attention to investigation and evaluation, and the more governments must listen and react. The danger for governments and government agencies is that a quite disproportionate amount of time may have to be directed to coping with the sometimes exaggerated activities of pressure groups who may represent only a very small minority of the population.

The activities of some pressure groups may stem more from a desire to change politics than from a genuine concern to air the problems of minorities or represent the views of wider sections of the public. For the media, the pressure group usually, though not necessarily intentionally, provides ingredients for sensation and distortion. For governments, the embarrassment has to be faced and an answer has to be found to the question whether the effort to communicate with pressure groups can be effective.

The growth of the pressure group has brought about a new dimension in the communication of government policy, no doubt encouraged by the growth of "government by consultation" and the search for consensus. Such groups cannot be dismissed by claims that they may not always be fully representative of genuine and wide public concern, and they cannot be ignored once their activities attract the attention of newspapers, radio or television. They must be regarded as a major source of criticism of official policy and, therefore, be included in the target audience for information. By their persistence and chosen methods of attack, pressure groups can have a significant impact, which is often magnified by the publicity they are given by the media. The successes of environmental and ecological pressure groups are good examples of this.

Politics will always dictate the amount of public money which can be allocated by governments and it will usually be political courses of action which, in the end, dictate priorities. Within the limitations of the political arena, it is a matter of conjecture whether the pressure group offers new advantages for communication which must be used rather than resisted.

It may be assumed that groups of this kind will become more numerous and more professional in their approach. They represent viewpoints which are bound to receive attention from newspapers, radio and television. They can, however, be unrepresentative of general public concern, and their political activities may make cooperation with governments difficult or impossible. Sectional interests of the pressure group may distort wider considerations in a national debate.

Pressure groups should receive all the necessary information on the problems in which they are interested. There are difficulties, however, in establishing a real dialogue: these groups usually represent only a small sector of the community or a small segment of a problem. They are not cost-conscious and never put the case for savings to compensate for the added costs of their own proposals.

Pressure groups cannot be narrowly defined. Instead, broad-based organizations, such as trade unions and cooperatives, which in some countries serve as opinion-forming bodies, can be regarded as pressure groups. WHO is itself a pressure group for the strategy of health for all by the year 2000. The role of such groups is obviously an important one and governments should give more attention to the views of nongovernmental organizations. They may well enlist the help of these bodies to promote desirable objectives, such as the use of seat-belts in cars or a reduction in smoking, and there should be a fruitful interchange of ideas between the two sides.

The position of WHO in relation to pressure groups is problematical. There is practically no political issue that escapes the attention of pressure groups, and health is no exception. The case of the tobacco industry as a pressure group emphasizes the point that the politicians must make their views about public health issues clear.

As may be expected, the role of pressure groups differs from one country to another. In Belgium, for example, on account of the political coalition situation, every pressure group has its political representation in the Government; in the Federal Republic of Germany pressure groups are also linked to political parties, but in Denmark they have no political colour.

Public health care implies community participation. In a participating democracy the community includes many groups which should have the opportunity to express their opinions, but which often do not do so for a variety of reasons. Some governments have taken steps to let the arguments of such groups be heard. It could be said, therefore, that some governments finance dissent, since they are giving money to nongovernmental organizations to express views which sometimes constitute opposition.

To sum up, a constructive and positive relationship should be developed with nongovernmental organizations because it has to be recognized that some tasks are better performed by them than by intergovernmental organizations.

8. Public cost-consciousness and budgetary constraints

Under this heading, the Working Group considered the situation in one Member State of the Region, France.

The French Government was obliged to take economy measures in 1979 in an effort to redress the financial situation of the social security system's health sector. The reactions of the public and the health professionals to these changes revealed a great deal about the evolution of attitudes to the various aspects of health protection and care.

An opinion poll at the end of 1979 (when limits of expenditure had been announced, as well as increases in contributions) showed that the French public was satisfied with the degree of health protection offered. Of those questioned, 85% thought that the concept of prevention ought to be developed, but only 47% were in favour of more compulsory vaccinations. Doctors gave too little time to each visit in the view of 64%, but only 21% of those polled questioned the professional ability of doctors. In the opinion of 58% there were enough doctors. The quality of care given in private hospitals met with the approval of 92%, and that given in public hospitals was acceptable to 89%, but 46% considered that too much time was wasted at public hospitals as a result of poor organization.

The French public also appreciated the importance of a sickness insurance system which made available a service they could not afford as individuals. Of those questioned, 96% thought the abolition of the social security system would be a very serious matter. In urban medicine the public was conscious of the contractual nature of medical services, whether in the form of compulsory or optional agreements with doctors or by means of direct State control.

Of the doctors interviewed in 1980, 51% thought the national agreement had been beneficial to the entire profession, even though 43% believed that its spirit had not been observed; for 44% a national agreement was preferable to individual contracts. There was a tendency on the part of the public to lay the blame for shortcomings on "others" whose consumption of health services was too high, and on the inefficiency of the "bureaucrats".

According to the poll, 55% of the French people were not in favour of increasing the amount spent on health, and 58% wished to see social security benefits reduced rather than have their contributions increased. The difficulties which arose in redressing the financial position of the health insurance system were largely due to a superficial appreciation of the facts, for which a lack of information was responsible.

Although the French people found the level of health protection and the availability of care relatively satisfactory, they were unable to draw the conclusions required by logic for the preservation of the system, preferring simply to lay the responsibility on others. Improved information should make it possible to remove some of the contradictions and perhaps even arrive at a consensus on the measures to be taken.

The difference between health and other areas subject to budgetary constraints is that health is a subject of interest to everybody. It is a more sensitive area than, for example, education or public security.

One problem in connexion with public information on health in France is that people do not see why they should be influenced in their views on a subject which they regard as beyond price. The only sector where there has been a real sense of participation in a dialogue is that of the relatively small groups comprising the mutual benefit companies (teachers, civil servants, farmers). Such groups could be sensitized to accept budgetary constraints.

A notable feature of the present situation in France is the united front of the medical profession and hospital administrations in the face of Government policy to contain expenditure on health. There is resistance to quality assessment in health care, and economies are seen by the administrations as an attack on them.

Owing to the wide diversity of views, it may be futile to try to develop national solidarity on the question of health costs. It is possibly more effective to deal with cohesive groups, but national campaigns are still useful. It should also be remembered that, when using the national media, it is not possible to aim selectively at groups. In France an effort has been made to induce cost-consciousness in relation to certain diseases, but this has sometimes had the opposite effect of making people proud of the amount spent on them.

The Working Group considered whether information on, for example, the cost of treatments prescribed by physicians or on the cost of intensive care following road accidents might be used to sensitize public opinion. Most participants did not believe so. In one country it had been found that people did not care about the cost of abortions; it was necessary to treat the subject in health information from the biological and health aspects.

The view was expressed that descriptions of high-technology medical achievements appearing in the media made people more confident that health schemes could solve almost any medical problem regardless of the cost. Experience in health information in the United Kingdom showed that it was not possible to change fundamental attitudes by frightening people. The raising of awareness required the use of all possible means and the constant repetition of the message. However, there was a risk that when the campaigns ended the old habits would return.

There was general agreement that it would be useful to introduce the question of costs of medical care into medical curricula. To sum up briefly, the Group felt that information and education could not do everything; governments had to be prepared to use some compulsion.

9. New trends and techniques: the challenges of the 1980s

In view of the vastly complicated techniques developed in recent years to disseminate information, and the great amount of information available, there is a risk that tried and simple methods may be overlooked.

In the Netherlands, a large number of health organizations covering a great many fields form a kind of infrastructure. They are usually private organizations, foundations or institutions, in most cases subsidized by the Government, provinces and municipalities. Many draw most of their funds from public charity campaigns.

Government public relations activities in health education and information usually take the form of lending a helping hand to the infrastructure. This may consist of financial support, counselling, participation in projects or, very exceptionally, membership of preparatory committees.

The most successful example of the "helping hand" approach has been the production, since the mid-1960s, in close collaboration with a dozen or so organizations in the health education field, of a series of short television films dealing with a range of basic health information items. These have been seen by several million television viewers.

The health infrastructure is also making increasing use of public exhibitions as a means of presenting its case and getting its messages across.

Participants of the Working Group gave details of information systems which have recently been introduced or are being developed in their countries. For instance, in the United Kingdom, VIEWDATA systems take all kinds of electronically produced information directly into the living-room by way of the telephone, television screen and computer. In the Netherlands, VIDITEL, the national version of PRESTEL, is capable of providing an unlimited amount of information. In a test conducted to ascertain the people's information needs, public health and health care were rated highest, followed by related subjects such as food, dietary habits and the environment. More than half the adults in the country were convinced that health was their greatest wealth; in the 1960s the proportion was not more than 35%.

Canada and France are jointly developing the TELIDON system.

Electronic information systems constitute without doubt a major challenge to public information providers in the 1980s. It is absolutely essential to keep up with developments in these new communication techniques. In the field of health education and information, the industrialized western world is about to be propelled into the era of computerized electronics.

10. Recommendations

(1) Recognizing that the goal of health for all by the year 2000 can only be achieved through the active support and participation of public opinion, the Group:

(a) urges Member States to discuss the goal with their national mass media, so as to enlist their active cooperation;

(b) recommends that this effort be carried out not only by health administrators themselves, but in collaboration between them and the broad spectrum of policy makers in all relevant economic and social fields;

(c) recommends that journalists be associated, whenever possible, with health promotion so as to be able to inform the public of health policy objectives and relevant scientific developments more accurately;

(d) recommends that Member States review existing media facilities for providing health information and for identifying gaps, and develop the necessary mechanisms with particular reference to underserved areas.

(2) The Group recommends that WHO and national governments recognize and foster the positive role of associations of specialized medical and science journalists by:

(a) providing the greatest possible access to health and health-related information;

(b) organizing, in consultation with such groups, seminars or workshops designed to improve their professional knowledge and capacity;

(c) utilizing more fully the important contribution specialized journalists can make in both the conception and the implementation of health promotion campaigns;

(d) recognizing that specialist journalists have a privileged position as interpreters of public concerns and thus should be invited to share in multidisciplinary consultations concerning health promotion.

(3) Noting with interest the work of the French National Association of Medical Journalists and the part it has played in the dissemination of reputable medical information in France, and

recognizing that the importance which every journalist must attach to newsworthiness need by no means exclude a sense of service and of responsibility towards the public, which has a right to accurate information devoid of sensationalism, the Group:

(a) considers that the initiative taken by medical journalists in France could well be tried in other countries of the Region;

(b) proposes that the governmental and university authorities concerned should, within a framework of respect for the independence of journalists, give them maximum help by providing all necessary information and explanations.

(4) Noting that rapid technological development requires that new responsibilities, including ethical ones, be assumed both by the health profession and by the media as regards patient-physician and community relations, the Group considers that the news media should be given full background data in order to avoid possible misrepresentation or misinterpretation of facts.

(5) Noting that health information of the public and health education are two distinct but complementary approaches to public opinion and that both should be integrated in a coherent strategy, and recognizing that there is a direct correlation between the successful transmission of messages and the social context within which they are introduced, the Group:

(a) suggests that health service research address itself to questions of health behaviour and cost-benefit analysis of campaigns undertaken by the mass media and by health educators and that the results already obtained be utilized in information of the public;

(b) urges Member States to encourage collaboration between health education, health information and appropriate research in order to promote the most effective dissemination of messages designed to achieve desirable changes in lifestyles;

(c) urges that the training of health personnel and particularly physicians, who provide health information to a very large proportion of the public, should include instruction in communication techniques.

(6) Noting that the activity of nongovernmental organizations and pressure groups is increasing, the Group recommends that all information programmes should attempt to identify such groups, include them in the circulation of all relevant health information and enlist, wherever suitable, their active participation in health promotion efforts.

(7) The Group recommends that, in order to raise the cost consciousness of health professionals and eventually the public, the subject of health economics should be given greater attention in both undergraduate and postgraduate curricula for health professions.

(8) In the light of the above recommendations and taking into account the significant role that public information plays in the strategy of health for all by the year 2000, the Group urges WHO to develop its information efforts, in collaboration with Member States, and be particularly alert to new approaches in mass media techniques.

Annex

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